

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000033029	
1. Entity Name ACR ELITE GROUP, INC.	

Principal Place of Business 4030 HENDERSON BLVD TAMPA, FL 33629	Mailing Address 6909 BEACH BLVD. HUDSON, FL 34667
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DO NOT WRITE IN THIS SPACE



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3383471	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STROHAUER, GARY N ESQ. 1150 CLEVELAND ST STE 300 CLEARWATER, FL
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

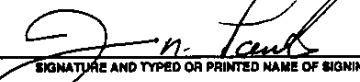
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	DATE 01/24/07-80064-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAXTON, PAULA 6909 BEACH BLVD. HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SMITH, JENNIFER M 6909 BEACH BLVD HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWEETIN, JAMES 4030 HENDERSON BLVD. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PAXTON, JAMES N 6909 BEACH BLVD. HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWEETIN, MARY 2501 W. BAY DRIVE LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  James N. Paxton 1/17/07 (727) 863-2524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #